



DOSH DISCRIMINATION COMPLAINT

ONLY APPLICABLE WHEN SAFETY AND HEALTH ISSUES ARE INVOLVED

Last Name:	First:	Middle:	Date:	Phone number:	Cell number:
Present address:					
City:		State:	Zip+4:	County:	
Complainant's Attorney:				Phone number:	
Employer:			Business name:		
Address:		City:	State:	Zip+4:	County:
Type of business:				Employer Phone number:	
Date hired:	Supervisor's name:	Department you worked in:	Job title:		
Final wage rate:	Has employment been terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____				
Have you filed a grievance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date grievance filed:		
Union representative:			Phone number:		
Check related hazard type: <input type="checkbox"/> Safety <input type="checkbox"/> Both <input type="checkbox"/> Health			Did you request a safety or health inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date requested: _____		
Date alleged act of discrimination occurred:			Date you became aware of Employer's action:		
Describe how you were discriminated against:					
Why did the employer take this action (in your opinion)?					
Did you and/or anyone else file any complaints with the employer?				What were the results of your complaint?	

Name, address and phone number of others who filed a complaint.
Have you filed your complaint with another agency? If so, which agency have you contacted?
Have you received employee evaluation(s) during your employment? If so, specify date(s).
Have you received any warnings or reprimands from your employer? If yes, specify why and if they were oral or written.
What may we expect the employer to tell us about you?
List the names, addresses and phone numbers of witnesses to the alleged acts of discrimination.

I certify under the penalties of perjury that the information provided herein is the truth to the best of my knowledge.

_____	_____	_____
Date	Print name	Signature

Mail completed form to: Department of Labor and Industries
DOSH Services Division
PO Box 44600
Olympia WA 98504-4600

Department use only

Location complaint filed:	I certify that the complaint was filed with me on:
Phone number:	Department representative and title:

Your rights under RCW 49.17.160 (1) and (2) are:

RCW 49.17.160 Discrimination against employee filing complaint, instituting proceedings or testifying prohibited-Procedure-Remedy. (1) No person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint or instituted or caused to be instituted any proceeding under or related to this chapter, or has testified or is about to testify in any such proceeding or because of the exercise by such employee on behalf of himself or others of any right afforded by this chapter. **(2) Any employee who believes that he has been discharged or otherwise discriminated against by any person in violation of this section may, within thirty days after such violation occurs, file a complaint with the director alleging such discrimination.** Upon receipt of such complaint, the director shall cause such investigation to be made as he deems appropriate. If upon such investigation, the director determines that the provisions of this section have been violated, he shall bring an action in the superior court of the county wherein the violation is alleged to have occurred against the person or persons who is alleged to have violated the provisions of this section. If the director determines that the provisions of this section have not been violated, the employee may institute the action on his own behalf within thirty days of such determination. In any such action the superior court shall have jurisdiction, for cause shown, to restrain violations of subsection (1) of this section and order all appropriate relief including rehiring or reinstatement of the employee to his former position with back pay.